



APPLICATION INSTRUCTIONS FOR THE WEST LAFAYETTE FIRE DEPARTMENT

The City of West Lafayette Fire Department is initiating its hiring process and will be accepting WLFD Employment Applications and related documents through July 31, 2015.

The application and qualification process includes several steps designed to fully examine your abilities and interest in a career in the fire service industry. The following information is provided so that you may know exactly what is expected on the application.

Your completed employment application is just one piece of the application *packet*. Please **submit a cover letter** with your application stating why you are interested in becoming a firefighter for the City of West Lafayette and highlighting your qualifications. A complete *packet* must include the following items:

- Cover Letter
- Birth Certificate
- Valid Driver's License
- High School Diploma or G.E.D. If unavailable, copy of transcripts showing "date of graduation" is required.

If applicable:

- College Diploma AND Transcripts. Include transcripts for all colleges attended.
- Military Discharge Form DD214
- Firefighting Certifications
- Emergency Medical Certification
- Other Relevant Certifications

Only the applicants who return a complete application *packet* to Human Resources by 4:00 p.m. on **July 31** will be allowed to continue in the hiring process. If you did not comply with the above directions or have anything missing from your *packet*, you will no longer be considered for employment. However, you may re-apply in the future. There will be **NO EXCEPTIONS**.

Note: The Candidate Physical Ability Test (CPAT) is a minimum requirement for the position of Firefighter. If you have a CPAT card dated July 2014 or after, you may include a copy along with your application packet. If you need to obtain a CPAT card or have one renewed, contact Jennifer Burton, Emergency Services Education Center (ESEC) at 317-988-7703 to schedule a test. You may visit www.indyfiretraining.com for additional information or to register. You will be expected to have a CPAT card by October 1, 2015, which is the anticipated conclusion of the hiring process.

Please direct all questions to Diane Foster, Human Resources Director, at dfoster@wl.in.gov or 765-775-5108.

Sincerely,

The West Lafayette Fire Department Hiring Committee



APPLICATION FOR EMPLOYMENT

West Lafayette Fire Department

Completed application **MUST** be returned to: Human Resources (located in the Police Station),
711 W. Navajo Street, West Lafayette, IN 47906 by 4:00 p.m. on July 31, 2015.

An Equal Opportunity/Affirmative Action Employer
(Only completed applications will be accepted.)

Date of Application _____

Name: _____
Last First Middle

Current Address: _____
Street City State Zip

Phone: () _____ *E-mail _____
*All future communication will be sent via email so please write your address legibly.

Previous Address(es):

_____ How long? _____
Street City State Zip County

_____ How long? _____
Street City State Zip County

_____ How long? _____
Street City State Zip County

Social Security # _____ (Your Social Security number is requested to facilitate record keeping. You have the right to refuse to provide your S.S. number on this form without penalty.)

Have you submitted an application with the West Lafayette Fire Department before? Yes ☐ No ☐
If yes, provide date(s) _____

Do you have any relatives who are employed by the West Lafayette Fire Department? Yes ☐ No ☐
If so, whom? _____ Relationship _____

Your driving record will be considered in determining your suitability for employment.

Driver's License Number: _____ State _____ Expiration Date _____

Have you ever pled "guilty" or "no contest" to, or been convicted, of a crime? Yes ☐ No ☐

If yes, please provide date(s) and details _____

Have you ever been fired from a job or had a work history that your employer considered unsatisfactory?

Yes ☐ No ☐ If yes, explain _____

Have you ever started a fire with the intent to cause harm? Yes ☐ No ☐

If yes, please explain _____

Indiana law requires that in order to be appointed to a fire department, an applicant must be a U. S. citizen, be a high school graduate or equivalent, be at least 21 and less than 36 years old (age requirement *may* not apply to a person who has been previously employed as a member of INPRS with another fire department) and not have a felony conviction on his/her record.

Do you meet these requirements? Yes ☐ No ☐

This position requires you to work 24-hour shifts, including holidays and most weekends. You are also required to retain telephone service and be willing to report for duty on scheduled days off when an emergency warrants.

Are you willing to meet the attendance requirements of this position? Yes ☐ No ☐

This position requires that your conduct and appearance while on and off duty be professional and held to a high standard. Are you willing to meet this character requirement? Yes ☐ No ☐

This position requires that your primary residence be within Tippecanoe or a contiguous county. Are you willing to meet this residency requirement? Yes ☐ No ☐

This position requires that you possess, or are willing to obtain, State of Indiana certifications in firefighting and emergency medical care. Are you willing to maintain these certifications? Yes ☐ No ☐

EMPLOYMENT EXPERIENCE

May we contact your present employer? Yes ☐ No ☐
Are you on lay-off and subject to recall? Yes ☐ No ☐

Starting with your present or last job, please indicate your employment history. Attach a separate sheet if you need more space.

Employer	()
Telephone	
Address	
Job Title	Dates from: to:
Summarize nature of work performed and job responsibilities	
Immediate Supervisor and Title	
Reason for Leaving	
May we contact for reference?	Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>

Employer	()
Telephone	
Address	
Job Title	Dates from: to:
Summarize nature of work performed and job responsibilities	
Immediate Supervisor and Title	
Reason for Leaving	
May we contact for reference?	Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>

_____ Employer	(_____)_____ Telephone
_____ Address	
_____ Job Title	Dates from: _____ to: _____
_____ Summarize nature of work performed and job responsibilities	
_____ Immediate Supervisor and Title	
_____ Reason for Leaving	
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	

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_____ Immediate Supervisor and Title	
_____ Reason for Leaving	
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	

_____ Employer	(_____)_____ Telephone
_____ Address	
_____ Job Title	Dates from: _____ to: _____
_____ Summarize nature of work performed and job responsibilities	
_____ Immediate Supervisor and Title	
_____ Reason for Leaving	
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	

EDUCATIONAL BACKGROUND

List last three schools attended, starting with the most recent.

School	No. of Years Completed	Degree/Diploma	Major/Field

MILITARY SERVICE

CERTIFICATIONS

VOLUNTEER ACTIVITIES

REFERENCES

List name and telephone number of three business/work references. Do NOT list relatives or previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known	Relationship

ADDITIONAL INFORMATION

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, color, religion, national origin, ancestry, age, handicap, disability, sexual orientation, or protected activity.)

Organization	Offices Held

SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS

List any special accomplishments, publications, awards. (Exclude memberships which would reveal sex, race, color, religion, national origin, ancestry, age, handicap, disability, sexual orientation, or protected activity.)

ADDITIONAL INFORMATION

List any additional information you would like us to consider.

FIREFIGHTER APPLICATION AGREEMENT

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand and agree that in compliance with the City's drug and alcohol testing policy for employees, I may be asked to submit to random alcohol and/or illegal drug testing prior to starting my employment with the City and/or during the course of my employment. I also understand that positive test results may have an adverse affect on my employment with the City.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, subject to the requirements of federal and state law. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Signature of Applicant,
indicating acceptance and understanding

Date



APPLICANT DATA RECORD

This record will be maintained apart from your Application for Employment during the application process.

All qualified applicants are considered for employment, and employees are treated during employment without regard to race, color, religion, gender, national origin, age, citizenship, sexual orientation, disability, or Vietnam-era veteran status, "special disabled veteran" status or other eligible veteran status. Additionally, the City of West Lafayette provides reasonable accommodation to qualified individuals with disabilities.

To help the City comply with applicable government regulations concerning equal employment opportunity and affirmative action, it requests that you complete the Applicant Data Record. Submission of this information is voluntary. You will not be subjected to any adverse treatment if you do not provide the information requested. This data will be kept in a separate file from your Application for Employment.

Position applied for: _____ Date: _____

Referral Source: ☐ Advertisement ☐ Relative ☐ Walk-in ☐ Friend
☐ Employment Agency
☐ Other Name of Source (if applicable) _____

Applicant's Name _____ ()
Last First M.I. Area Code Phone

Email _____

Address _____
Street City State Zip Code

Check all of the following which apply.

Gender

☐ Male ☐ Female

Ethnicity

☐ Hispanic or Latino- A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Race

☐ White (Not Hispanic or Latino)- A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ Black or African American (Not Hispanic or Latino)- A person having origins in any of the Black racial groups of Africa.

☐ Asian (Not Hispanic or Latino)- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ American Indian or Alaskan Native (Not Hispanic or Latino)- A person having origins in any original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.

- ☐ Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ Two or More Races (Not Hispanic or Latino)

Veteran Status: *I wish to identify myself as a covered veteran.*

- ☐ Disabled Veteran—(1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) A person who was discharged or released from active duty because of a service-connected disability.
- ☐ Recently Separated Veteran—Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- ☐ Armed Forces Service Medal Veteran—Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- ☐ Other Protected Veteran—A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

Disability Status

- ☐ I wish to identify myself as an individual with a disability. "Individual with a disability" includes any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities.

You are not required to provide the above information. If you do, efforts will be made to keep the information confidential, except where disclosure is required by law or where disclosure is necessary in order to provide a reasonable accommodation.